

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-043086

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 47Primary Registration District No. 3008Registrar's No. 203

STATE FILE NUMBER

FILED DEC 2 1965

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fulton</u>		Length of stay in 1b <u>14 mos.</u>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital # 1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7426 Reilly</u>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>J.</u> Last <u>Wallace</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>24</u> Year <u>1965</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-17-1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>	9. AGE (last birthday) <u>83</u>
11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USC</u>	
13a. FATHER'S NAME <u>William Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ames</u>	
14. NAME OF HUSBAND OR WIFE <u>unk.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk.</u>	
16. INFORMANT <u>State Hospital Records</u>		17. ADDRESS <u>State Hospital Records</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary fibrosis with cor pulmonale</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6:55</u> a.m. p.m.	Month, Day, Year <u>11-24-65</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hospital # 1</u>	20f. CITY, TOWN, OR LOCATION <u>Fulton, Mo.</u>	
21. I attended the deceased from <u>9-30-64</u> to <u>11-24-65</u> and last saw her alive on <u>11-24-65</u>		22. DATE SIGNED <u>11-24-65</u>	
22a. SIGNATURE <u>James K. Velchusich MD</u>		22b. ADDRESS <u>State Hospital # 1 Fulton, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-27-65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Remont</u>	23d. LOCATION (City, town, or county) (State) <u>Remont, Illinois</u>
24. FUNERAL DIRECTOR <u>Hoffmeisters</u>	ADDRESS <u>St. Louis, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 29-1965</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Carroll Cleveland</u>

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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DEC 3 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.